In re	Marshall D Wake Kim A Wake	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number:		☐ The presumption arises.
	(If known)	■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS				
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).				
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.				
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Arme Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.				
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard				
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;				
	OR				
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 				

		Part II. CALCULATION OF M	101	NTHLY INCO	ME FC	R § 707(b)(7	7) E	XCLUSION		
	Mari	tal/filing status. Check the box that applies a	and c	complete the balanc	e of this	part of this state	men	t as directed.		
	a. 🗆	l Unmarried. Complete only Column A ("D	ebto	or's Income'') for I	ines 3-1	1.				
	b. 🗆	Married, not filing jointly, with declaration	of s	eparate households.	By chec	king this box, d	ebto	r declares under	pena	lty of perjury:
		My spouse and I are legally separated under								
2		ourpose of evading the requirements of § 707 Cor Lines 3-11.	′(b)(′	2)(A) of the Bankru	ptcy Co	de." Complete o	nly (column A ("Del	btor's	s Income")
		Married, not filing jointly, without the declar "Debtor's Income") and Column B ("Spot				et out in Line 2.l	b abo	ove. Complete b	oth (Column A
	d.	Married, filing jointly. Complete both Colu	umn	A ("Debtor's Inco	me'') an	d Column B ("	Spor	use's Income'')	for L	ines 3-11.
	All fi	gures must reflect average monthly income re	eceiv	ed from all sources	, derived	during the six		Column A		Column B
		dar months prior to filing the bankruptcy case								
		ing. If the amount of monthly income varied			you mus	st divide the		Debtor's Income		Spouse's Income
	six-m	onth total by six, and enter the result on the	appro	opriate line.				meome		Income
3	1	s wages, salary, tips, bonuses, overtime, con					\$	3,327.31	\$	1,284.03
		ne from the operation of a business, profes								
		the difference in the appropriate column(s) o ess, profession or farm, enter aggregate numb						ļ		
		nter a number less than zero. Do not include						ļ		
4		b as a deduction in Part V.	any	part of the busine	зэ сарсг	ises entered on		ļ		
				Debtor		Spouse		ļ		
	a.	Gross receipts	\$	0.00		0.00		ļ		
	b.	Ordinary and necessary business expenses	\$	0.00	\$	0.00		ļ		
	c.	Business income	Su	btract Line b from	Line a		\$	0.00	\$	0.00
	Rent	and other real property income. Subtract l	Line	b from Line a and	enter the	difference in				
		propriate column(s) of Line 5. Do not enter				t include any				
_	part (of the operating expenses entered on Line l	b as	a deduction in Par				ļ		
5		T	4	Debtor		Spouse		ļ		
	a.	Gross receipts	\$	0.00		0.00		ļ		
	b.	Ordinary and necessary operating expenses		btract Line b from 1		0.00	\$	0.00	¢	0.00
	c.	Rent and other real property income	Su	btract Line b from	Line a		1			
6		est, dividends, and royalties.					\$	0.00	\$	0.00
7		on and retirement income.					\$	0.00	\$	0.00
		amounts paid by another person or entity,								
8		ases of the debtor or the debtor's dependen						ļ		
Ü		ose. Do not include alimony or separate main e if Column B is completed. Each regular pa						ļ		
		ayment is listed in Column A, do not report the				iy one corumn,	\$	0.00	\$	0.00
	Unen	ployment compensation. Enter the amount	in th	e appropriate colur	nn(s) of l	Line 9.				
	However, if you contend that unemployment compensation received by you or your spouse was a						ļ			
9		it under the Social Security Act, do not list the		nount of such comp	ensation	in Column A		ļ		
		but instead state the amount in the space belo	ow:	1		1				
		nployment compensation claimed to benefit under the Social Security Act Debto	or \$	0.00 Spe	nuse \$	0.00		0.00	Φ.	4 007 47
	<u> </u>	senent under the social security fiet					\$	0.00	\$	1,067.17
		ne from all other sources. Specify source an								
		eparate page. Do not include alimony or seperate if Column B is completed, but include all								
		tenance. Do not include any benefits receive								
		yed as a victim of a war crime, crime against						ļ		
10	dome	stic terrorism.		•				ļ		
	<u> </u>			Debtor		Spouse				
	a.		\$		\$					
	b.		\$		\$					
	Total	and enter on Line 10					\$	0.00	\$	0.00
	1						+			
11		otal of Current Monthly Income for § 707(nn B is completed, add Lines 3 through 10 in				olumn A, and, if	\$	3,327.31	\$	2,351.20

	<u>. </u>				
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		5,678.51		
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	68,142.12		
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: WA b. Enter debtor's household size: 4	\$	86,215.00		
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.				
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.				
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement	t.			

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete Farts IV, V, VI, and VII of	this statement only if required. (See Line	13.)		
	Part IV. CALCULATION OF CURE	RENT MONTHLY INCOME FOR § 707(b)(2)		
16	Enter the amount from Line 12.		\$		
17	Marital adjustment. If you checked the box at Line 2.c, et Column B that was NOT paid on a regular basis for the hot dependents. Specify in the lines below the basis for exclude spouse's tax liability or the spouse's support of persons of amount of income devoted to each purpose. If necessary, I not check box at Line 2.c, enter zero. a. b. c. d. Total and enter on Line 17	ousehold expenses of the debtor or the debtor's ding the Column B income (such as payment of the her than the debtor or the debtor's dependents) and the			
18	Current monthly income for § 707(b)(2). Subtract Line	17 from Line 16 and enter the result.	\$		
	Part V. CALCULATION C	OF DEDUCTIONS FROM INCOME			
	Subpart A: Deductions under Star	ndards of the Internal Revenue Service (IRS)			
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tay return plus the number of any additional dependents whom				
	b1. Number of persons b	D2. Number of persons C2. Subtotal	\$		
20A	Local Standards: housing and utilities; non-mortgage eduction Utilities Standards; non-mortgage expenses for the application available at www.usdoj.gov/ust/ or from the clerk of the buthen umber that would currently be allowed as exemptions any additional dependents whom you support.	expenses. Enter the amount of the IRS Housing and able county and family size. (This information is pankruptcy court). The applicable family size consists of			

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42				
	c. Net mortgage/rental expense	\$ Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and Utilities	\$		
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\begin{array} 0 & \prod 1 & \prod 2 \text{ or more.} \] If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1				
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.				
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.				

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such a Do not include discretionary amounts, such as voluntary	s retirement contributions, union dues, and uniform costs.	\$	
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative ages include payments on past due obligations included in I	ncy, such as spousal or child support payments. Do not	\$	
29		or for a physically or mentally challenged child. Enter ad for education that is a condition of employment and for allenged dependent child for whom no public education	\$	
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pre		\$	
31	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of y insurance or paid by a health savings account, and that is include payments for health insurance or health saving	yourself or your dependents, that is not reimbursed by in excess of the amount entered in Line 19B. Do not	\$	
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you			
33	Total Expenses Allowed under IRS Standards. Enter t	the total of Lines 19 through 32.	\$	
	Note: Do not include any experimental Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonable dependents.			
34	a. Health Insurance	\$		
	b. Disability Insurance	\$		
	c. Health Savings Account	\$	\$	
	Total and enter on Line 34.			
	If you do not actually expend this total amount, state you below: \$	our actual total average monthly expenditures in the space		
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.			
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			
38	Education expenses for dependent children less than 1 actually incur, not to exceed \$156.25* per child, for attended school by your dependent children less than 18 years of a documentation of your actual expenses, and you must necessary and not already accounted for in the IRS Sta	dance at a private or public elementary or secondary age. You must provide your case trustee with explain why the amount claimed is reasonable and	\$	
	1		1	

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$
40		*	Enter the amount that you will contin	ue to contribute in th	e form of cash or	
40			ganization as defined in 26 U.S.C. § 1			\$
41	Tota	l Additional Expense Deduction	s under § 707(b). Enter the total of L	ines 34 through 40		\$
		S	ubpart C: Deductions for De	bt Payment		
42	own, check schee case,	list the name of the creditor, iden k whether the payment includes ta duled as contractually due to each	For each of your debts that is secured atify the property securing the debt, states or insurance. The Average Month Secured Creditor in the 60 months for additional entries on a separate page. I	te the Average Mont ly Payment is the tot llowing the filing of	hly Payment, and al of all amounts the bankruptcy	
		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$	□yes □no	
				Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount					
	a.			\$	Cotal: Add Lines	\$
44	prior		nims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28.			\$
			If you are eligible to file a case under the amount in line b, and enter the res			
45	 a. Projected average monthly chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of chapter 13 case 					\$
46	Tota	l Deductions for Debt Payment.	Enter the total of Lines 42 through 45	<i>i</i> .		\$
		St	ubpart D: Total Deductions f	rom Income		
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$
		Part VI. DE	TERMINATION OF § 707(b)(2) PRESUMP	TION	
48	Ente	er the amount from Line 18 (Cur	rent monthly income for § 707(b)(2)))		\$
49	Ente	er the amount from Line 47 (Total	al of all deductions allowed under §	707(b)(2))		\$
50	Mon	athly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 and enter the res	ult.	\$
51	60-m	-	707(b)(2). Multiply the amount in Li	ne 50 by the number	60 and enter the	\$

	Initial presumption determination. Check the applicable box and proceed as directed.						
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
0.2	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remaind						
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Landau VI)	ines 53 through 55).					
53	Enter the amount of your total non-priority unsecured debt	\$					
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$					
	Secondary presumption determination. Check the applicable box and proceed as directed.						
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise of this statement, and complete the verification in Part VIII.	e" at the top of page 1					
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPENSE CLAIMS						
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
	Expense Description Monthly Amoun	<u>ıt</u>					
	a.						
	c. \$	_					
	d. \$						
	Total: Add Lines a, b, c, and d \$						
	Part VIII. VERIFICATION						
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint	t case, both debtors					
	must sign.) Date: September 30, 2014 Signature: /s/ Marshall D Wake						
	Marshall D Wake						
57	(Debtor)						
	Date: September 30, 2014 Signature /s/ Kim A Wake						
	Kim A Wake						
	(Joint Debtor, if an	y)					

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 03/01/2014 to 08/31/2014.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: wages- John Summerford

Income by Month:

6 Months Ago:	03/2014	\$0.00
5 Months Ago:	04/2014	\$0.00
4 Months Ago:	05/2014	\$0.00
3 Months Ago:	06/2014	\$0.00
2 Months Ago:	07/2014	\$549.46
Last Month:	08/2014	\$0.00
	Average per month:	\$91.58

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: wages- Devil Dog

Year-to-Date Income:

Starting Year-to-Date Income: \$1,411.00 from check dated 2/20/2014. Ending Year-to-Date Income: \$18,612.75 from check dated 8/20/2014.

Income for six-month period (Ending-Starting): \$17,201.75 .

Average Monthly Income: \$2,866.96.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: wages- GM Nameplate

Income by Month:

6 Months Ago:	03/2014	\$544.88
5 Months Ago:	04/2014	\$689.76
4 Months Ago:	05/2014	\$711.03
3 Months Ago:	06/2014	\$133.82
2 Months Ago:	07/2014	\$0.00
Last Month:	08/2014	\$133.13
	Average per month:	\$368.77

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **03/01/2014** to **08/31/2014**.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: wages

Income by Month:

6 Months Ago:	03/2014	\$3,558.58
5 Months Ago:	04/2014	\$3,419.38
4 Months Ago:	05/2014	\$726.24
3 Months Ago:	06/2014	\$0.00
2 Months Ago:	07/2014	\$0.00
Last Month:	08/2014	\$0.00
	Average per month:	\$1,284.03

Line 9 - Unemployment compensation (included in CMI)

Source of Income: unemployment compensation

Income by Month:

6 Months Ago:	03/2014	\$0.00
5 Months Ago:	04/2014	\$0.00
4 Months Ago:	05/2014	\$0.00
3 Months Ago:	06/2014	\$3,370.00
2 Months Ago:	07/2014	\$1,685.00
Last Month:	08/2014	\$1,348.00
	Average per month:	\$1,067.17